Fill in	n this information to identify your case:				
Debto	r 1 Frist Mine Value	Butter C	Ĺ	ارت م <u>ي</u>	
Debto	or 2 se, if filing) First Name Middle Name	Last Name		9 S	
	d States Bankruptcy Court for the:	للنبا ور	<u>m</u>	A AU	-TI
	number 22 -228 do 11 N		SIT		this is an
(II KIK	Net ()		20	7 79 :	Ī
	cial Form 106E/F	no Have Unsecured Claim	ران 10 م		12/15
Sc	hedule E/F: Creditors Wi	10 Have Oliseculed Claim		ouppiopis	/ eleims
List the A/B: Foredit	ne other party to any executory contracts of uniteroperty (Official Form 106A/B) and on Schedulors with partially secured claims that are listed od, copy the Part you need, fill it out, number the dditional pages, write your name and case num		ficial Form 10	G). Do not il	nclude any e is
Part	1: List All of Your PRIORITY Unsecured	Claims			
1. D	o any creditors have priority unsecured claims	against you?			
_	No. Go to Part 2.				•
2. Li	Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and each claim listed, identify what type of claim it is. If a claim has both priority and order according to the creditor's name. If you have more than two priority nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority amounts.				
	recurred claims, fill out the Continuation Page of P	all I. II more dian one deditor notes a parameter	list the other cr	editors in Par	t 3.
(F	For an explanation of each type of claim, see the in	structions for this form in the instruction booklet.)	Total elaim	Priority	Nonpriority
				amount	amount
2.1		Last 4 digits of account number	\$	\$	
للا	Priority Creditor's Name				
		When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only At least one of the debtors and another	 Domestic support obligations Taxes and certain other debts you owe the government 			
	Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated			
	□ Na	Other. Specify			
	Yes	and the second section of the contract of the second section of the second section of the second section of the	reconstruit de la minima de	sa i menaza erroren en menaza e	ereasien a menul training
2.2		Last 4 digits of account number	\$	_ \$	\$
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply	y .		
		Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	□ Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	Check if this claim is for a community debt	intoxicated Other. Specify	_		
	is the claim subject to offset? No Yes	La Otter. Specify	_		
			_		

btor	

First Name Middle Name

	I get Nor

`ase	number	(If known)		

Part 2:

List Ali of Your NONPRIORITY Unsecured Claims

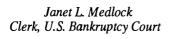
3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
Nonpriority Creditor's Name	Last 4 digits of account number 266 s 1200
1000 Now Street	SOLE 1200
wilming w DE 19801 City State 8 ZIP C	ode As of the date you file, the claim is: Check all that apply.
_	☐ Contingent
Who incurred the debt? Check one.	Unliquidated
Debtor 1 only	Disputed
Debtor 2 only	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	☐ Student loans
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
□ No	Other. Specify 10(: v)
Yes	CONTROL OF THE PROPERTY OF THE
4.2	Last 4 digits of account number \$
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
City State ZIP Co	Code Contingent
	Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only	
Debtor 2 only	Type of NONPRIORITY unsecured claim:
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans
At least one of the deplors and another	Obligations arising out of a separation agreement or divorce
Check if this claim is for a community debt	that you did not report as priority claims
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
□ No	Other. Specify
Yes	
4.3	Last 4 digits of account number
Nonpriority Creditor's Name	\$
	When was the debt incurred?
Number Street	
City State ZIP Co	As of the date you file, the claim is: Check all that apply.
Who incurred the debt? Check one.	☐ Contingent
	Unliquidated
☐ Debtor 1 only ☐ Debtor 2 only	☐ Disputed
Debtor 2 only Debtor 1 and Debtor 2 only	T. ANONDRIONITY
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
	Student loans
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
is the claim subject to offset?	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
□ No	Other. Specify
☐ Yes	Cutor. Opodry







United States Bankruptcy Court Eastern District of Wisconsin Office of the Clerk 126 U.S. Courthouse 517 East Wisconsin Ave. Milwaukee, WI 53202–4581 414–297–3291 www.wieb.uscourts.gov

To: Nicole Boettger 5920 South 34th Street Greenfield, WI 53221

IN RE: Case No.

Nicole Evettger 22–22866- - rmb

Chapter:

7

NOTICE OF FEE DUE AND OWING

The law requires that anyone who amends one of the schedules of creditors (Schedules D or E/F) or the list of creditors (sometimes called the "matrix" or the "creditor ma ling list") must pay a \$32.00 amendment fee. This fee is due for any changes to these documents. (An amendment is exempt from this fee only if the amendment changes the address of a creditor already listed, or adds the name and address of a listed creditor's attorney.)

On **July 22**, **2022**, you filed an amendment in this bankruptcy case. Accordingly, you owe the \$32.00 amendment fee.

If you filed your amendment electronically through CM/ECF: Please pay the fee through Pay.gov within 24 hours of receiving this Notice.

If you filed your amendment on paper or through the creditor matrix program: Please return this letter, along with the \$32.00 fee, to the address listed at the top of this notice. Make checks or money orders payable to Clerk, U.S. Bankruptcy Court. Please note: The Clerk's Office cannot accept personal checks drawn on debtors' accounts.

Dated: July 25, 2022

JANET L. MEDLOCK Clerk of Court

By: Ann Marie B. Deputy Clerk

7/22/2022 amendment fee Receipted 8/10/2022, Receipt # 395009

MILWAUKEE WI-530 8 AUG 2022 PM 2 L

Renkonjohry Cont Chirk
De 1000 Conthest

SIN CONTRACTOR AND SIGNATURE

MILES KELLER SELECT OF

մվերեիկիկիակերիակերիակիկիկիկիկիահղերի

Contraction of the second